

OUTSIDE AGENCY GRANT APPLICATION
Fiscal Year 2026
City of Gainesville

APPLICATION
DEADLINE

MAY 1, 2025

Application Date: _____

Grant Amount Requested: _____
(\$4,000; \$8,000 or \$12,000- Refer to Grant Guidelines)

ORGANIZATION AND CONTACT INFORMATION

Applicant/Organization Legal Name: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Applicant County: _____ Website _____

Applicant's Federal Employer ID#: _____ Legal Status: _____

Primary Contact: _____ Title: _____ Phone: _____

Email Address (**mandatory**): _____

NOTE: All mailings from the City regarding this grant application will be sent to the organization's mailing address indicated above.

FUNDING HISTORY

Have you or your organization received any funding or in-kind services grants from the City of Gainesville in the last three fiscal years (Oct 1- Sept 31)?

☐ YES ☐ NO If YES, please complete the following information, attach additional sheets if necessary:

Fiscal Year	Grant Program Name	Project/Event Name	Amount	In-Kind

OUTSIDE AGENCY GRANT APPLICATION CHECKLIST

Please use the following list to make sure all applicable and required documentation is included in your application.

Note: Incomplete applications will not be considered for review by the CAB. The applicant is solely responsible for ensuring completeness of their application.

<input type="checkbox"/>	1. A completed Outside Agency Grant Application Form with original signatures.	<input type="checkbox"/>	5. An organizational chart outlining the agency's reporting structure, showing paid and unpaid positions.
<input type="checkbox"/>	2. A list of the current board members and their affiliations	<input type="checkbox"/>	6. Printed materials such as reviews, letters of support and related publications. LIMITED QTY ALLOWED: see guidelines.
<input type="checkbox"/>	3. Copy of applicant's CURRENT IRS determination letter.	<input type="checkbox"/>	7. A copy of the board minutes documenting approval of this grant application.
<input type="checkbox"/>	4. An audited financial statement <u>or</u> internally prepared financial statements <u>and</u> the signed copy of IRS Form 990 if required by law.	<input type="checkbox"/>	8. One (1) copy of the FINAL application. Electronic copy preferred (see email address below). Hard copy can be delivered to addresses below.

We/I hereby certify that the above documents, which are **required** for consideration of this application, are complete, accurate and are included with the original application packet in the order indicated above.

Signature of Authorized Official

Signature of Contact Person

Typed Name of Authorized Official Date

Typed Name of Contact Person Date

APPLICATION SUBMISSION: Applications can be uploaded to <https://filedrop.gru.com> with the recipient email address prcagrants@cityofgainesville.org or mailed or hand delivered to the following addresses:

<i>Mailing address</i>	<i>Hand Deliver Address</i>
<p style="text-align: center;">City of Gainesville Parks, Recreation & Cultural Affairs P. O. Box 490, Mail Station 30 Gainesville, FL 32627</p> <p style="text-align: center;">prcagrants@cityofgainesville.org</p> <p style="text-align: center;">ATTN: Ashley Reichenbach</p>	<p style="text-align: center;">City of Gainesville The Historic Thomas Center Building A, Room 209 306 N. E. 6th Avenue Gainesville, FL 32601</p> <p style="text-align: center;">prcagrants@cityofgainesville.org</p> <p style="text-align: center;">ATTN: Ashley Reichenbach</p>

ORGANIZATION INFORMATION

In the space below, provide the mission statement, history, programs and services, etc. NOTE: Each question has a defined response length; do not exceed the space provided. Please use font size no smaller than 11 point.

1. Organization Mission and History

2. What will your organization use these funds for?

3. Why should we fund your organization? What will your impact on the community be?

4. Does your organization encourage economic development, innovation, and entrepreneurship in the arts? If so, please briefly explain.

5. Does your programming support arts education for the community? If so, please briefly explain.

6. Does your organization maximize access to the arts and cultural resources, by evidence of reduced barriers in form of price, logistics, transportation, handicapped access and age? If so, please briefly explain.

7. Does your organization align with City's principle of "Meaningful Experiences for Everyone"? If so, please briefly explain.

ORGANIZATION BUDGET SUMMARY- REVENUE

Describe your organization's PROPOSED income including the funds you are requesting. List all organizational related revenues. Round to the nearest dollar amount (do not show cents).

PROPOSED REVENUES		
DESCRIPTION	PROPOSED REVENUE	REVENUE SOURCE
Admissions		
Contracted Services Revenue		
Other Revenue		
Corporate Support		
Foundation Support		
Private/Individual Support		
Government Support – Federal		
Government Support - State		
Government Support – County		
Government Support – Local		
Government Support – Local (Arts Tag)		
Government Support – Local (Support Services)		
Outside Agency - Grant Request		
TOTAL PROPOSED REVENUES		

ORGANIZATION BUDGET SUMMARY- EXPENSES

Please attach an audited financial statement/internally prepared statement and a copy of IRS Form 990, if one was filed. Provide meeting minutes documenting the financial statement was approved by the Board of Directors.

Describe your organization's PROPOSED budget including the funds you are requesting. List all organizational related expenses. Round to the nearest dollar amount (do not show cents).

PROPOSED EXPENSES		
DESCRIPTION	TOTAL ORGANIZATION BUDGET	OUTSIDE AGENCY GRANT EXPENSES
	(Include Outside Agency Grant Expenses)	(Budget Details)
Personnel – Administrative		
Personnel – Artistic		
Personnel – Technical/Production		
Outside Artistic Fees and Services		
Outside Other Fees and Services		
Space Rental		
Equipment Rental		
Travel		
Marketing/Advertising/Publicity		
Material & Supplies		
Printing		
Postage		
Remaining Operating Expenses		
TOTAL PROPOSED EXPENSES*		

OTHER RESOURCES			
DESCRIPTION	VOLUNTEER HOURS	IN-KIND CONTRIBUTIONS (NON-CITY)	IN-KIND (Not Part of this Grant Request)
Personnel – Administrative			
<i>Personnel – Artistic</i>			
Personnel – Technical/Production			
Outside Artistic Fees and Services			
Outside Other Fees and Services			
Space Rental			
Equipment Rental			
Travel			
Marketing/Advertising/Publicity			
Material & Supplies			
Printing			
Postage			
Remaining Operating Expenses			
City Building Rental (Thomas Center, Wilhelmina Johnson Resource Center, Recreation Centers, etc.)			
Other (Give Explanation)			
TOTAL			

CULTURAL AFFAIRS USE ONLY

Date Received by CAS: ____/____/____.

Approved Yes ☐ No ☐

Date Approved by CAB: ____/____/____.